

STATEMENT OF GROSS INCOME

Section 196.101(3)(c), Florida Statutes

DR-501A
R. 06/94

This statement must be completed and signed by applicants for the Exemption for Totally and Permanently Disabled Persons, Section 196.101, Florida Statutes, and attached to the exemption application.

Name(s) of all persons residing in or upon homestead for which exemption is requested.

_____	_____
_____	_____
_____	_____

Gross Income: Include that of all persons listed above. Attach prior year Federal Income Tax Return(s) and Wage and Income Statement(s) (W-2) for all persons listed above.

GROSS INCOME:

Earned Income	\$ _____	Veterans Administration Benefits	\$ _____
Income From Investments	\$ _____	Income From Retirement Plans	\$ _____
Gains Derived From Disposition of Appreciated Property	\$ _____	Pensions	\$ _____
Interest	\$ _____	Trusts	\$ _____
Rents	\$ _____	Estates	\$ _____
Royalties	\$ _____	Inheritances	\$ _____
Dividends	\$ _____	Direct and Indirect Gifts	\$ _____
Annuities	\$ _____	Other (Specify)	\$ _____
Social Security Benefits	\$ _____	Total Gross Income	\$ _____

I certify that the above Statement of Gross Income is true and correct to the best of my knowledge and belief.

APPLICANT

STATE OF FLORIDA
COUNTY of _____

The following instrument was sworn to and subscribed before me this date _____

by _____ who is personally known to me or who has produced _____
as identification. (Type of ID)

NOTARY PUBLIC SIGNATURE AND SEAL